

HOW DID YOU HEAR ABOUT HARTZ PHYSICAL THERAPY?

LITITZ OFFICE OR LANCASTER OFFICE
(Please circle the office where you are being treated)

Patient Name: _____

Date: _____

PLEASE CHECK ALL THAT APPLY:

- My doctor (Dr's. Name): _____
- Employer
- From a former patient (Name): _____
- Insurance company
- Case manager
- Newspaper article (Which one): _____
- Sign on building
- Friend/Family member (Name): _____
- Yellow pages
- Business expo (Which one): _____
- HARTZ PT Fall Blast
- Website
- Facebook
- School
- Community service activity (Name): _____
- HARTZ PT employee
- Other _____

Email address: _____

- Please check if you would like to receive information from HARTZ PT on upcoming events, programs and/or newsletters.

Our staff routinely speaks in the community about various topics related to wellness and physical therapy. If you are a part of a community or educational organization that could benefit from these talks, please feel free to contact us with your suggestions.

Thank you for taking the time to fill out this form.